FEC FORM 2 STATEMENT OF CANDIDACY

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1.	(a) Name of Candidate (in full)						
	Steven Daines						
	(b) Address (number and street) PO Box 1598	☐ Check if address changed			2. Candidate's FEC Identification Number S2MT00096		
	(c) City, State, and ZIP Code					3, Is This New Amended	
	Helena		MT	5962	4-1598	Statement (N) OR (A)	
4.	Party Affiliation	5. Office Sought			6, State & Di	istrict of Candidate	
	REPUBLICAN PARTY	Senate			MT	00	
	DE	SIGNATION	OF PRIN	ICIPAL	CAMPAIG	ON COMMITTEE	
7.	I hereby designate the following na	•	•	•		(year of election)	
	NOTE: This designation should be	filed with the approp	priate office	listed in th	ne instructions	s. 	
	(a) Name of Committee (in full)					•	
	Steve Daines for M	ontana				~	
	(b) Address (number and street) PO Box 1598						
	(c) City, State, and ZIP Code						
	Helena				MT	59624-1598	
	candidacy. NOTE: This designation should be					ommittee, to receive and expend funds on behalf of my	
- 1	nittee (in full)						
	ig Sky Cor	nmittee					
	(b) Address (number and street) PO Box 1597						
•	(c) City, State, and ZIP Code						
	Helena 🖰				MT	59624-1597	
	I certify that I have exa	mined this Stateme	ent and to th	ne best of	my knowledge	and belief it is true, correct and complete.	
Si	gnature of Candidate					Date	
St	evin Dalmes	LID				11/05/2015	
NC	OTE: Submission of false, erroneous	, or incomplete info	rmation mag	y subject t	he person sign	ning this Statement to penalties of 2 U.S.C. §437g.	
_						FEC FORM 2 (REV. 02/200	

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)			Page 2 /
DESIGNATION OF OT (Including 3	HER AUTHORIZED (oint Fundraising Represent		[ADDITIONAL]
I hereby authorize the following named committee, which is NOT my p candidacy.	orincipal campaign committee, to	o receive and expend funds o	on behalf of my
NOTE:This designation should be filed with the principal ca	ampaign committee.		
(a) Name of Committee (in full)		· · ·	
Ayotte-Daines Committee			
(b) Address (number and street) 901 N Washington St Suite 700			
(c) City, State and ZIP Code			
Alexandria	VA	22314-1535	
DESIGNATION OF O	THER AUTHORIZED (Joint Fundraising Represent		[ADDITIONAL]
I hereby authorize the following named committee, which is NOT my particles candidacy.	orincipal campaign committee, to	o receive and expend funds	on behalf of my
NOTE: This designation should be filed with the principal content of th	ampaign committee.		
(a) Name of Committee (in full)	· . <u></u>		
Big Sky Opportunity PAC			
(b) Address (number and street) PO Box 1618			
(c) City, State and ZIP Code			
Helena	MT	59624-1618	
DESIGNATION OF O	THER AUTHORIZED (loint Fundraising Represent		[ADDITIONAL]
I hereby authorize the following named committee, which is NOT my candidacy.	orincipal campaign committee, t	or celve and expend funds	on behalf of my
NOTE:This designation should be filed with the principal contact of the	ampaign committee.		
(a) Name of Committee (in full)			
Daines Montana Victory			
(b) Address (number and street) PO Box 1618			
			- .

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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend fur candidacy.	nds on behalf of my
NOTE: This designation should be filed with the principal campaign committee.	
(a) Name of Committee (in full)	
Western States Victory Committee	
(b) Address (number and street) PO Box 51416	**************************************
(c) City, State and ZIP Code	
Casper WY 82605-1416	
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is NOT my principal campaign committee, to r reand expend for candidacy.	unds on behalf of my
NOTE: This designation should be filed with the principal campaign committee.	
(a) Name of Committee (in full)	
Tillis Cotton Sullivan Daines Victory Fund	
(b) Address (number and street) 228 S Washington St #115	
(c) City, State and ZIP Code	
Alexandria VA 22314-5404	
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is NOT my principal campaign committee, to ricelve and expend fur candidacy.	nds on behalf of my
NOTE: This designation should be filed with the principal campaign committee,	
(a) Name of Committee (in full)	
(b) Address (number and street)	
(c) City, State and ZIP Code	
	

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